

GILBERT PARKS AND RECREATION EMERGENCY CONTACT CARD

Participant Name:	Gender: M	F
Birthdate: Ago		
	or allergies to food or medications known:	
	ON	
Parent(s)/Guardian(s):		
Cell Phone:	Work Phone:	
Home Phone:		
IN CASE OF EMERGENCY, PLEASE	CONTACT	
Name:	Cell Phone:	
Home Phone:	Relationship:	
In an effort to ensure the safety of all pa In the event a person other than a pare either written authorization, email or a	erticipants, we will not release a participant to an unapproved nt is picking up a child from class, the participants parent must direct phone call to the class instructor providing consent, inc g up your child. The person picking up the participants from cour child will be released.	st provio
Alternate Pick Up		
Name:	Cell Phone:	
Home Phone:	Relationship:	
Parent Signature:	Date	



PARKS & RECREATION-FREESTONE RECREATION CENTER CLIMBING WALL WAIVER

One participant per form please

Child's Last Name:	First Name:	Gender: M F DOB:	Age: Grade level:		
Address:	City:	Zip	:		
Parent/Guardian:	Phone(H) _	Cel	l:		
Does this participant have any special needs	(physical limitations)?				
Please list health restrictions (if any)					
Allergies Medication currently taking					
Primary Care Physician	Phone:				
Emergency Contact	cy to contact the child's parent/guardian. Wh				
I allow my child and myself to participate in Gilbert Palimited to any climbing wall or equipment on site. I re and my own participation in programs and activities are risks involved with physical exertion and use of reprograms/activities. I also give my permission for any including the promotion of Town events on the Town's the photographs, audio or video recordings used. It information including but not limited to date of birth a	Assumption of risk & Release of arks & Recreation programs and activities, includin lease the Town of Gilbert and its employees of any and use of recreation facilities. I understand that the accreation facilities, including serious injury. I certify photographs, audio or video recordings taken of swebsite or the Town's social media sites. I further am at least 18 years of age, and verify that all in	g transportation provided, and to u liability, claims or demands, which e Town of Gilbert has no medical ir fy that my child's and my own phy my child and/or myself to be used waive any and all right to privacy, formation provided at registration	we may have hereafter as a result of my child's neurance for my child or me. I understand there visical condition are satisfactory to participate in by the Town of Gilbert for any lawful purpose, compensation, or the right to inspect or approve or on this form is correct. Providing incorrect		
Parent or Legal Guardian Signature		D	ate		

FREESTONE RECREATION CENTER CLIMBING WALL RULES

Must be at least 5 years of age to climb.

Individuals 40lbs or lighter will require a separate rope attached in the carabineer. Maximum weight is 300lbs.

Appropriate athletic footwear is required. No open-toed shoes allowed.

No chalk or similar material allowed.

No food, drink, or chewing gum allowed around the climbing wall.

Climbers must have a harness checked by staff prior to climbing. A staff member will hook the harness to the carabineer.

Once the ball on the cable reaches the pulley, you are at the top. Please let go and descend to the base of the wall by pushing away from the wall with your feet.

Do not climb across the wall. Your sideways motion should never exceed two arm lengths in either direction.

Your feet must always remain as the lower point of your body. There is no hanging upside down in the harness. Your feet must be the first thing to touch the floor.

For your safety, there is a one warning limit. Climbing privileges will be revoked from anyone not utilizing safe climbing practices. Use at your own risk.